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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25168

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6228

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Josephine Neitkamp Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hrs. (Specify whether In this community years, months or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3114 Gurney, (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME (Infant) Joseph De Witt
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 14, 1946 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	10 hr. 0 min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business

MOTHER FATHER
12. Name Gordon DeWitt
13. Birthplace Minnesota (City, town, or county) (State or foreign country)
14. Maiden name Virginia Koettker,
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Raymond Koettker,
(b) Address 3114 Gurney
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul
18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa,
19. (a) JUL 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1946 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from 7/14, 1946, to 7/14, 1946; that I last saw him alive on 7/14, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory failure.	1 day
Due to Underdeveloped respiratory muscles	1 day
Due to 7½ prematurity	1 day
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 7/16/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.